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Bib Data Sheet

CONFIRMATION NO. 5226

|                             |  |              |                        |  |
|-----------------------------|--|--------------|------------------------|--|
| SERIAL NUMBER<br>10/753,118 | FILING OR 371(c)<br>DATE<br>01/07/2004<br>RULE | CLASS<br>382 | GROUP ART UNIT<br>2624 | ATTORNEY<br>DOCKET NO.<br>CTI-configur |
|-----------------------------|--|--------------|------------------------|--|

**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\***

This application is a CIP of 10/385,307 03/10/2003 PAT 7,162,075

**\*\* FOREIGN APPLICATIONS \*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*****\*\* 04/13/2004**

|  |  |                        |                      |                    |                         |
|--|--|------------------------|----------------------|--------------------|-------------------------|
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met<br>Allowance | STATE OR COUNTRY<br>AZ | SHEETS DRAWING<br>21 | TOTAL CLAIMS<br>55 | INDEPENDENT CLAIMS<br>6 |
| Verified and Acknowledged<br><br>Examiner's Signature  | Initials   |                        |                      |                    |                         |

**ADDRESS**

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**TITLE**

Automatic selection of cranial remodeling device configuration

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|----------------------------|---|---|
| FILING FEE RECEIVED<br>894 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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